

## FOR OFFICE USE ONLY PAYMENT CODE: REG

## CITY OF SUGAR LAND

**Permits & Inspections Department** 

## **CONTRACTOR REGISTRATION**

GENERAL PLUMBIN	IG MECHANICAL E	LECTRICAL
COMPANY NAME:	PHONE:	
ADDRESS	CITY/STATE	ZIP
EMAIL ADDRESS:	FAX #:	
STATE LICENSE HOLDER:(IF APPLICABLE)	STATE LICENSE NO:	
DRIVER'S LICENSE NO:(STATE LICENSE HOLDER OR COM		UED:
NOTE:  1. Please complete a new form if there a charged for changes  2. Revocation or Suspension of Registra  • Repeated violations of any laws Ordinances, City Building Codes  • Intentional falsification of regist  3. Insurance Requirements  • Proof of general liability insuran accident and three hundred thou	or regulations relating to any constructs or any technical codes) tration or permit information are of at least one hundred thousand dousand dollars (\$300,000) for any one pend dollars (\$50,000) for any one accide	on. No additional fee will be uction work (including City ollars (\$100,000) for any one erson; and property damage
I hereby certify that I have read and examine		o be true and correct.
APPLICANT SIGNATURE	DATE	

POSITION WITH COMPANY

APPLICANT NAME (PRINT)